

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90241 039 ***150.00

DOCUMENT # F98000006031					
1. Entity Name ST. MARKS POWDER, INC.					
Principal Place of Business 11399 16TH COURT N. SUITE 200 SAINT PETERSBURG, FL 33716 US			Mailing Address 11399 16TH COURT N. SUITE 200 SAINT PETERSBURG, FL 33716 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01092006 Chg-P CR2E034 (11/05)	
4. FEI Number 59-3543446				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DAMERON, DEL S 11399 16TH COURT N. SUITE 200 SAINT PETERSBURG, FL 33716			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D NAME VEITCH, ARTHUR J STREET ADDRESS 2941 FAIRVIEW DR SUITE 100 CITY-ST-ZIP FALLS CHURCH, VA 220424513	<input checked="" type="checkbox"/> Delete		TITLE D NAME Charles M. Hall STREET ADDRESS 2941 Fairview Dr. Suite 100 CITY-ST-ZIP Falls Church, VA 22042	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE V NAME CORNELL, GUY A STREET ADDRESS 7121 COASTAL HIGHWAY CITY-ST-ZIP CRAWFORDVILLE, FL 32327	<input type="checkbox"/> Delete		TITLE V NAME Guy A. Cornwell STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VS NAME DAMERON, DEL S STREET ADDRESS 10101 DR MLK ST NORTH CITY-ST-ZIP ST PETERSBURG, FL 33716	<input type="checkbox"/> Delete		TITLE VS NAME STREET ADDRESS 11399 16th Court North, Suite 200 CITY-ST-ZIP St. Petersburg, FL 33716	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VT NAME WHITED, GARY L STREET ADDRESS 10101 DR MLK ST NORTH CITY-ST-ZIP SAINT PETERSBURG, FL 33716	<input type="checkbox"/> Delete		TITLE VT NAME STREET ADDRESS 11399 16th Court North, Suite 200 CITY-ST-ZIP St. Petersburg, FL 33716	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DP NAME WILSON, MICHAEL S STREET ADDRESS 10101 DR MLK ST NORTH CITY-ST-ZIP ST PETERSBURG, FL 33716	<input type="checkbox"/> Delete		TITLE DP NAME STREET ADDRESS 11399 16th Court North, Suite 200 CITY-ST-ZIP St. Petersburg, FL 33716	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE V NAME SAVNER, DAVID A STREET ADDRESS 2941 FAIRVIEW OARK DR, SUITE 100 CITY-ST-ZIP FALLS CHURCH, VA 220424513	<input type="checkbox"/> Delete		TITLE V NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Del S. Dameron</i>			Del S. Dameron VP & General Counsel 1/10/06 727-578-8340		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		